Coastal Georgia Vida Nueva Application

Send Completed Applications To:

Email – preweekend@coastalvn.org ** Fax 912-228-5723 **Mail CGVN, PO Box 1041, Jesup, GA 31598

Candidate information: (please pr	int)	
Name:		
Address:		
		Zip:
	Cell Phone:	
Birthday* (mm/dd/yy):	Age*:	*Must be 15 prior to weekend
Church:		
		er: Grade:
Youth Email:		T-Shirt Size
MUST BE COMPLETED BY PARENT/GUARDIAN BEFORE ATTENDING THE WEEKEND		
List any medical allergies, medicat	ions being taken, me	edical problems, special diet, or other pertinent
information:		
Physician, Surgeon, or Dentist, as appropriat the services are rendered either at a doctor's Name of Parent/Guardian: Parent/Guardian Signature: Emergency Contact Name & Numl	te, that is presented as licen s office or in any hospital. I bers:	
To be completed by Sponsor:		*Candidate must be 15 prior to weekend
Sponsor's Name:		
Sponsor's Address:		
City:	Stat	ate: Zip:
Email:		
As a sponsor, I acknowledge my re		
Sponsor Signature:		

*** Sponsorship fee of \$100.00 due prior to the weekend or upon arrival to the campground*** Pay via CashApp \$CoastalVN or Venmo @coastalvn

Pay by check made payable to Coastal Georgia Vida Nueva and mail to address above